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Original: English
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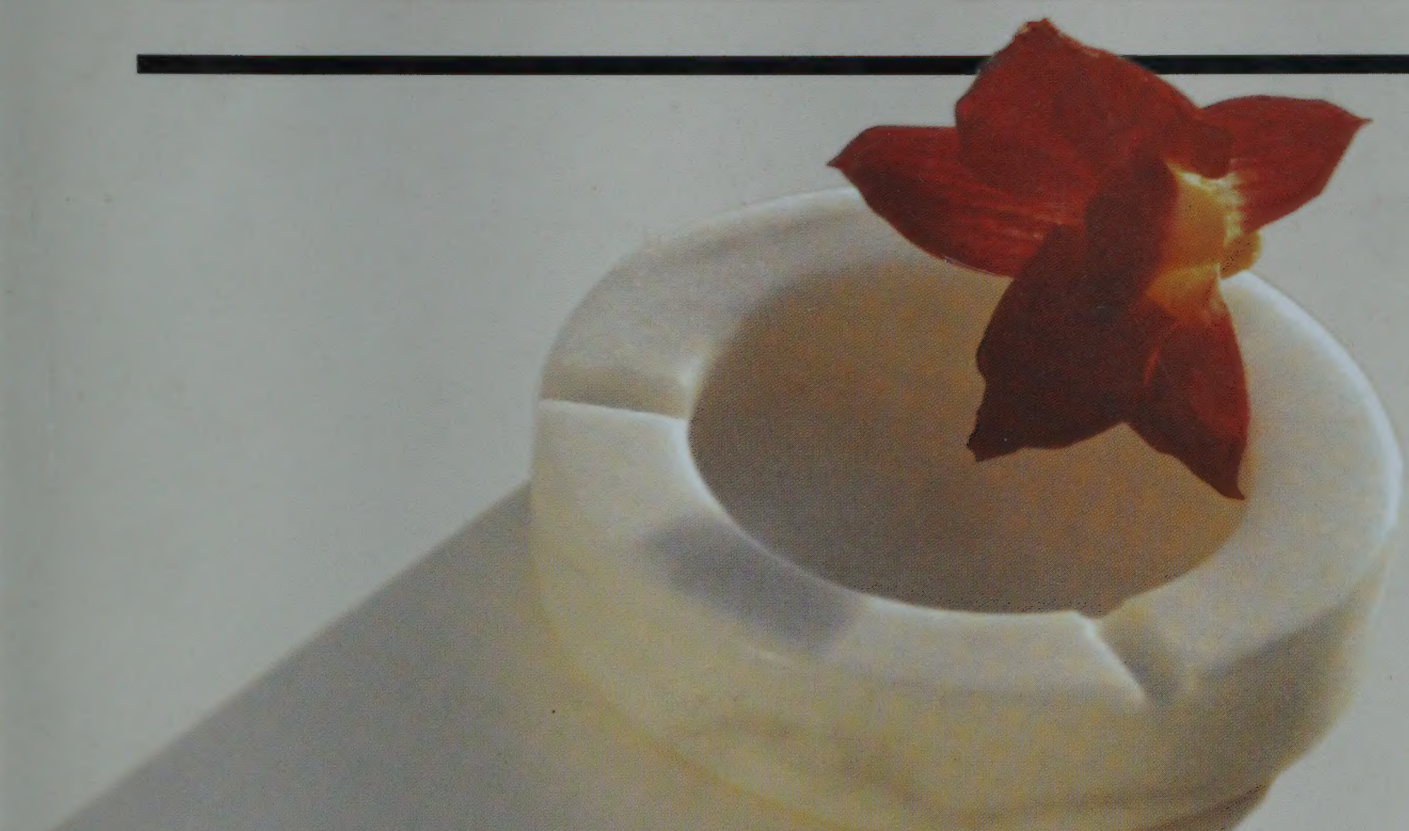
Framework Convention on Tobacco Control



Report of the WHO Meeting of Public Health Experts

Vancouver, British Columbia, Canada,
2-4 December 1998
Meeting Hosted by the Government of British Columbia

World Health Organization

Tobacco Free Initiative

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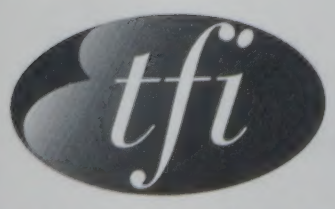
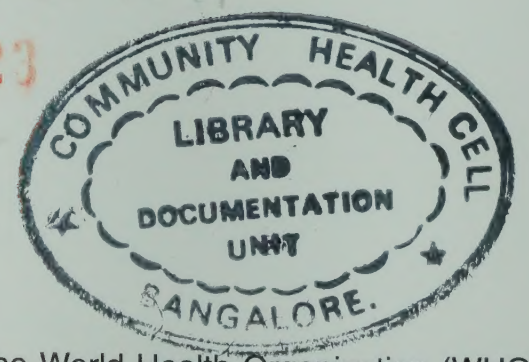


TOBACCO FREE INITIATIVE

WORLD HEALTH ORGANIZATION

BRITISH COLUMBIA



"Tobacco control cannot succeed solely through the efforts of individual governments, national NGOs and media advocates. We need an international response to an international problem. I believe that response will be well encapsulated in the development of an International Framework Convention."

Dr Gro Harlem Brundtland
Seminar on Tobacco Industry Disclosures,
WHO, Geneva, 20 October 1998

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Preface

The issue of the report of the Framework Convention on Tobacco Control: Meeting of Public Health Experts held in Vancouver, British Columbia, Canada, from 2 to 4 December 1998 provides the ideal opportunity to re-emphasize why WHO has strengthened its work on tobacco control. There are six key reasons:

- **Tobacco has a massive public health impact.** The highly negative impact of tobacco on health now and in the future is the primary reason for giving explicit and strong support to tobacco control on a worldwide basis. The increased use of tobacco is one of the greatest public health threats for the 21st century.
- **Over a billion people smoke - half of whom will die from their habit.** Today there are more than a billion smokers in the world, the largest share of them is in Asia. The proportion of women who smoke is higher in Europe and North America than in other parts of the world. However, recent studies point to growing numbers of smokers in developing countries, particularly among women.
- **Tobacco use is bad economics.** The economic impact of tobacco has been analysed in many countries in recent years. These studies show that there are large direct, indirect and intangible costs associated with tobacco that hamper economic development rather than promote it.
- **Tobacco harms the environment.** In many of the tobacco-growing countries there is evidence of the negative environmental impacts of tobacco agriculture, particularly when associated with the deforestation required to extend farmland and fuel tobacco curing.
- **Effective policies and interventions already exist.** Effective policies and interventions exist that can make a real difference to tobacco prevalence and consumption, and the associated health outcomes. Most of the documented successes have occurred in developed countries such as Canada where effective approaches have been implemented for years. More recently, several developing countries and emerging economies have introduced similar measures; early indications are that they too will be effective.
- **Resources are inadequate relative to the size of the problem.** Human, institutional and financial resources for all aspects of tobacco control at country, regional and global levels are severely inadequate. Faced with a US$ 400 billion industry, global spending on tobacco

control has not addressed most countries' need for even a minimum level of human and institutional capacity.

Canada, the host country for this meeting has stood alone for many years in supporting international aspects of tobacco control. Over the past five years Health Canada has provided more than a million Canadian dollars to WHO for its work on tobacco control; Canada's International Development Research Council (IDRC) has spearheaded an initiative to strengthen international tobacco control research; Canada supported a consultation on the framework convention in Halifax, Nova Scotia, in June 1997; and recently the Canadian International Development Agency (CIDA) provided its first funding for the new Tobacco Free Initiative. Canadian support has not been restricted to the federal level or to funding. Canadian expertise in tobacco control has and continues to play a vital leadership role in many organizations, including WHO, involved in tobacco control. And the generous financial support of the Province of British Columbia for the meeting has played a crucial role in building the momentum towards a framework convention on tobacco control.

As the participants noted, the development of a proposed WHO framework convention on tobacco control and possible related protocols will represent the first time that WHO has used its constitutional mandate to facilitate the creation of an international convention. The framework convention will be an international legal instrument that will circumscribe the global spread of tobacco and tobacco products. With its possible related protocols, it will represent a global complement to national and local action, and will support and accelerate the work of Member States wishing to strengthen their tobacco control programmes.

When Member States come to consider a framework convention, they will need to be sensitive to sectoral issues, and to base their discussions on the factual evidence, keeping in view the public health goals that are the principal reason for tobacco control. In this regard, the Meeting of Public Health Experts focused on the public health issues which might be addressed in the proposed WHO framework convention on tobacco control and possible related protocols. At the same time, it examined international legal issues relating to the development of the framework convention. As the report demonstrates, the meeting resulted in an effective bridging of the public health and international legal perspectives.

Dr Derek Yach
Project Manager
Tobacco Free Initiative

Remarks by the Hon. Penny Priddy,

Minister of Health and Minister Responsible for Seniors, Government of British Columbia

On December 2, 1998, I had the privilege of welcoming the World Health Organization to Vancouver, British Columbia, where they began talks to forge an international treaty on tobacco control.

WHO is responsible for many great accomplishments. It wiped out smallpox in this century. It is well on its way to eliminating polio. Now, the world is looking to the WHO to inoculate the world's children against smoking. This will need a potent vaccine of legislation, regulation and education.

Director-General Dr Gro Harlem Brundtland, has said that tobacco is a communicated disease — communicated by the advertising and promotion strategies of the multinational tobacco companies.

Several Member countries have taken major steps to protect children against tobacco, by banning advertisements and promotions. Other jurisdictions have developed their own messages to counter industry advertisements. In British Columbia, we have taken the lead in Canada in protecting our youth by combining increased public education, prevention and enforcement activities, and legal action.

British Columbia is proud to be among the world's leaders in tobacco control. Ours is the first jurisdiction in the world to demand full disclosure from the tobacco industry on the ingredients in cigarettes — tobacco, paper and filters — and on the chemicals in both mainstream and sidestream tobacco smoke. We have made that information available to the public in a web site that is accessible around the world: www.cctc.ca.

In November 1998, the Government of British Columbia filed a lawsuit against tobacco companies to recover health care costs paid to treat British Columbian smokers made ill by tobacco.

British Columbia is the first Canadian province to take this kind of action against the tobacco industry, but we hope it is just the beginning. As the United States has found, there is strength in unity and we have indications that other provinces may take similar action.

Like many of WHO's Member States, we also have tough laws against selling cigarettes to minors. We have an exciting prevention programme for youth. It ranges from school programmes and contests to a public awareness campaign, which includes television advertising and posters that speak to young people about the hidden dangers of tobacco.

The statistics on death and illness caused by smoking all have a human face. They are the women whose precious years with their children and grandchildren are cut short. They are the valued workers whose contributions to our society are diminished by illness and premature death. They are the children who suffer chronic health problems resulting from exposure to tobacco smoke.

Almost 6000 British Columbians and over 45 000 Canadians die prematurely each year of diseases linked to smoking. Worldwide that toll is almost 4 million a year.

WHO estimates that, unless there are drastic changes in smoking habits, tobacco will become the leading preventable cause of death worldwide by the year 2030.

Our joint task is to concentrate on the future and prevent further casualties from tobacco. But we face daunting challenges.

Tobacco is a problem that has no geographical boundaries. Just as corporate multinationals market tobacco, so tobacco causes multinational social problems. The tobacco industry has a record of challenging the rights of governments to legislate and opposing initiatives toward tobacco control. The fact that WHO has taken on this challenge is a major step toward changing the behaviour of the tobacco industry and letting the world know the truth about its products.

We are proud that WHO chose to hold this important meeting in Vancouver.

British Columbia has benefited from the assistance of other jurisdictions involved in tobacco control and it is my hope that our experiences in British Columbia can serve as a model for others.

We can best protect our children from the harm caused by tobacco by working together on all aspects of control.

Executive summary

In recognition of the enormous premature mortality caused by tobacco, WHO, under the leadership of its Director-General, Dr Gro Harlem Brundtland, has assigned priority to reinvigorated work on tobacco control, particularly in developing countries where the threatened toll of tobacco use is greatest. A cornerstone of WHO's new Tobacco Free Initiative is the proposed WHO framework convention on tobacco control (FCTC). The backgrounds of the meeting participants were primarily in public health, specifically in the area of tobacco control, and expertise in international law/relations.

The dramatic rise and spread of the tobacco epidemic worldwide make the adoption and implementation of the FCTC and related protocol agreements urgent. The FCTC will be an international legal instrument designed to circumscribe the growth of the global tobacco pandemic. Protecting and promoting global public health is its core objective.

The negotiation and implementation of the FCTC will make an enormous contribution to global tobacco control efforts by promoting national and international awareness and mobilizing technical and financial support for the promulgation of effective national tobacco control measures worldwide. The convention will also serve as a platform for global cooperation on aspects of tobacco control that transcend national boundaries. Cross-border substantive issues that the FCTC or related protocols can address include: price and taxation; smuggling; duty-free sales; advertising and sponsorship; Internet trade; package design and labelling; tobacco agriculture; and information sharing.

The international regulatory strategy being used to promote global agreement and action on tobacco control is the framework convention – protocol approach. This international regulatory approach consists of two stages. States first adopt a framework convention that calls for cooperation in achieving broadly stated goals, and establishes the basic system of governance to address the issue area in question. Secondly, separate protocol agreements containing specific measures designed to implement the broad goals called for by the framework convention can be separately negotiated and adopted at the same time as the framework convention. The dynamic and incremental convention – protocol approach has been employed successfully to encourage international cooperation in a number of other international agreements, particularly in the area of international environmental law.

The realization of the FCTC depends on engaging and expanding public participation, commitment and support. The negotiation and implementation of treaties is primarily the province

of governments. The FCTC will be developed by WHO's 191 Member States so that their concerns are adequately reflected throughout the process. The particular concerns of developing countries must be addressed. Although many developing nations have capacity to address the tobacco problem, the convention process must assist some countries in building sustainable national capacity in tobacco control. For example, technical assistance in the development of current data on the health, economic and environmental impact of tobacco, education and information, drafting and implementing legislation, and litigation should be provided where appropriate. To support this technical assistance, provision for the establishment of a multilateral trust fund, with contributions from governments, international agencies and private sources, should be made in the convention.

In addition to Member States, other international organizations, nongovernmental organizations (NGOs) and other members of civil society can promote sustained commitment and action for the FCTC. WHO can facilitate the support of NGOs in the convention process by building information networks.

Meeting Participants

Introduction

In May 1996, in World Health Assembly resolution WHA49.17, Member States of WHO requested the Organization to initiate the development of a binding international instrument on tobacco control. The specific form of legal instrument called for by the World Health Assembly is a framework convention for tobacco control (the FCTC).

The subsequent creation of the Tobacco Free Initiative (TFI) at WHO refocused efforts and resources on international tobacco control. The Vancouver meeting, which forms the subject matter of this report, was the first technical consultation held in response to resolution WHA 49.17 since TFI was established. Public health experts from many countries gathered at the meeting to discuss, amongst other things: how the FCTC could advance public health; WHO's role in developing the convention; the issues from a developing country perspective; the role of nongovernmental organizations; and options for the structure of the convention.

The Canadian Province of British Columbia graciously hosted and financed the Vancouver meeting. The Minister of Health for British Columbia, the Hon. Penny Priddy, opened the meeting by reiterating the importance of tobacco control, the devastating impact tobacco has on young lives, families and government treasuries, and the necessity for international efforts to support actions being undertaken by national and subnational governments.

Advancing the Framework Convention

SESSION 1
TFI OVERVIEW AND THE FCTC ACCELERATED WORK PLAN

Following Dr Gro Harlem Brundtland's assumption of office as Director-General of the World Health Organization in July 1998, WHO reorganized its tobacco control efforts within a new structure, the Tobacco Free Initiative (TFI). One of TFI's major projects is the advancement of an international framework convention on tobacco control. The first two presentations at the meeting provided the necessary background information on WHO's tobacco control efforts.

The Tobacco Free Initiative

Dr Derek Yach, Project Manager of WHO's new Tobacco Free Initiative, described the long-term mission of global tobacco control as reducing the prevalence and consumption of tobacco use in all countries and among all groups, and thereby reducing the burden of disease caused by tobacco.

The goals of the Tobacco Free Initiative are to:

- Galvanise global political support for evidence-based tobacco control policies and actions;
- Build new, and strengthen existing, partnerships for action;
- Accelerate the implementation of national, regional and global strategies;
- Mobilize resources to support the required action.

Dr Yach emphasized that the problem was large and could only be effectively tackled through international collective action. The solutions proposed would have net social benefits. This applied particularly to the health and economic benefits: a tobacco-free world would be both healthier and wealthier.

The content of the Convention would have to be sensitive to a wide range of development needs of Member States. These should include meeting the transition costs of a few countries. The costs arising under the convention should be equitably distributed according to both ability to pay and the principle of "polluter pays". Thus it would not be equitable if countries that reaped the benefit from tobacco trade did not contribute to the costs of foreign deaths, disease and misery.

The FCTC: an accelerated work plan

Now that WHO has given a higher profile to global tobacco control, the Organization, in conjunction with its Member States, will accelerate work on the FCTC. The development of the FCTC represents the first time that WHO has exercised its mandate to develop a convention under Article 19 of its Constitution, and therefore represents a major shift in its attitude to international law as an important means of promoting public health (Taylor, 1992).[1] By exercising its under-utilized potential to develop international instruments, WHO will be able to encourage the development of national health legislation and, it is hoped, encourage the allocation of more resources to tobacco control.

With respect to the development of the FCTC, Dr Douglas Bettcher, Coordinator, FCTC Team, said that it was impossible to exactly predict or map out a treaty-making process beforehand, because the momentum of international law-making depended on the political will of sovereign States. However, the following key milestones had been agreed by the WHO Cabinet as a broad template for the FCTC process (Fig. 1).

FIG. 1. FCTC accelerated work plan

Dr Bettcher stressed that the Vancouver meeting was a key stage in the development of the FCTC. It was being held immediately before the WHO Executive Board considered the accelerated FCTC work plan and future steps in developing the convention at its 103rd session early in 1999. Therefore, the outputs of the meeting needed to provide key recommendations to WHO Member States on policy issues of strategic importance. Towards that end, the participants focused on making recommendations in the following areas:

[1] Taylor, A.L. (1992), "Making the World Health Organization Work: A Legal Framework for Universal Access to the Conditions for Health, "in American Journal of Law and Medicine, XVIII, 331).

- Public health issues which should be addressed in the FCTC;
- The essential roles of WHO headquarters and regional offices, Member States, regional and international intergovernmental organizations, nongovernmental organizations and the media in the development of the FCTC;
- The issues from a developing country perspective, and mechanisms to facilitate the active involvement of developing countries in the pre-negotiation and negotiation phase of the FCTC process.

SESSION 2
PUBLIC HEALTH AND INTERNATIONAL TOBACCO CONTROL

The tobacco epidemic is increasingly spread across international borders by a variety of means, including advertising/promotion and smuggling. The substantive cross-border issues the FCTC process should address, most probably in protocols to the framework convention itself, formed the focus of the first discussion.

Improving public health through the FCTC

Dr L. Joossens, (Centre for Research and Information for the Consumer Organisations, Brussels, Belgium) opened the substantive discussion of the FCTC by highlighting key considerations for the convention and related protocols. He identified and described nine major areas of concern: price, taxation, smuggling, duty-free sales, advertising and sponsorship, Internet trade, package design and labelling, tobacco-based agriculture, and information-sharing.

Harmonization of taxes, strict control on international tobacco transport, ending duty-free tobacco sales, and the end of tobacco subsidies were all described by Dr Joossens as crucial elements for the FCTC and its protocols. Further, he called for a global ban on tobacco advertising; Internet controls; the creation and worldwide use of comparable, accurate and meaningful test methods for cigarettes, and putting the results of tests in the public domain; and standardized package design. Finally, internationally comparable information should be collected and disseminated to assist in the development of policies.

The dominant theme emerging during the discussion was how national and international issues were to be separated. Several participants mentioned political feasibility in addition to geography in defining what should or should not be approached in the FCTC and its protocols. While the FCTC lends itself to issues which have an inherent international component, there are no legal impediments to the Convention addressing issues that have up to now usually remained in the national sphere. The important role of international information-sharing, including information on issues that may continue to be controlled chiefly at the national level, was stressed by several participants. The importance of adequately supporting the tobacco control efforts of developing countries was also stressed.

SESSION 3
WHO AND THE FCTC

As the directing and coordinating authority on international health work, WHO clearly has a responsibility to address adequately a public health problem of the scale of that created by the tobacco industry. This must include using all its authority as broadly and vigorously as necessary to achieve its stated objective of the attainment by all peoples of the highest possible level of health. The following section reviews the role of WHO in promoting the FCTC.

The development of the WHO framework convention on tobacco control: principles of law and process

Professor Allyn Taylor, (Adjunct Professor, Johns Hopkins University School of Hygiene and Public Health, Baltimore, USA) discussed principles of law and process with respect to the negotiation, adoption and entry into force of the FCTC. Specifically, she discussed three major areas: (1) the legal authority and constitutional responsibility of WHO to develop the FCTC for consideration by Member States; (2) principles of legal process applicable to development of the FCTC; and (3) recommendations for future action to further Member States' support for the adoption and ratification of the convention.

As called for by Member States of WHO in resolution WHA 49.17, the initiation of the development of the FCTC by the WHO Secretariat is consistent with the objectives, functions and powers of WHO as set forth in its Constitution. In addition, the catalytic role of WHO in initiating the development of the FCTC, as described in the TFI accelerated work plan, is consistent with the contemporary practice of international organizations. International organizations increasingly play a leadership role in the development and implementation of international law.

The broad scope of WHO's mandate to address global public health concerns vests the Organization with the legal authority to serve as a platform for the development of binding treaties that potentially address all aspects of tobacco control, national and transnational, as long as advancing human health is the primary objective of such agreements. During the process of developing the treaty, WHO Member States may ultimately choose to limit the scope of the treaty. Any such limitations on the potential scope of the FCTC in addressing the tobacco pandemic are not mandated by WHO's Constitution.

Professor Taylor said that international law allowed considerable flexibility in the process by which multilateral agreements are developed. In the absence of many binding international rules governing the treaty-making exercise, international organizations have adopted a wide variety of strategies to initiate, negotiate and conclude international agreements. The experiences of other international organizations can serve as a model and guide to WHO as it develops an effective strategy to forge global consensus for the FCTC and protocols. She emphasized the important role that a negotiations workshop could play in considering the various strategic and legal issues relating to preparations for the FCTC negotiations.

In response to questions, Professor Taylor explained the likely timing and nature of options that would present themselves during the process. Two threads ran through much of the discussion: the distinction between legal and policy considerations, and the high degree of flexibility inherent in the treaty-making process.

SESSION 4
THE SPECIAL CIRCUMSTANCES OF DEVELOPING COUNTRIES

Comprising a majority of the world's population, a majority of the potential parties to the FCTC, and a potential market of explosive growth for the tobacco industry, the developing world clearly is key to the success of the convention. In keeping with that importance, the Vancouver meeting began the process - which will continue in future meetings - of identifying matters of particular concern to developing countries through the perspective of some of them.

The FCTC from a developing country perspective

In an overview and critique of a paper prepared by Mr Lovkesh Sawhney, (Advocate, New Delhi, India) Dr Yussuf Saloojee, (National Council Against Smoking, Johannesburg, South Africa) reaffirmed not only the staggering scope of the tobacco pandemic in the developing world, but also the growing gravity of the problem as tobacco's spread shifted from developed to developing countries. The main difficulties and issues faced by developing countries in implementing effective tobacco control measures, in Mr Sawhney's opinion, are: the economic and social implications, political realities, smuggling issues, the limitations of regulatory and enforcement mechanisms, and the uncertain efficacy of advertising bans.

In the discussion, there was a spirited rebuttal of some of Mr Sawhney's conclusions, particularly his views on the inapplicability of lessons from developed countries on price elasticity and the effect of advertising restrictions to developing countries. However, the statement was helpful in placing many of the tobacco industry's traditional objections to tobacco control on the table, and in describing the political realities faced by a country such as India with a large bidi industry employing many people and the tobacco trade in general.

Mr Sawhney's suggested solutions to some developing country problems included the involvement of NGOs and the judiciary, and the establishment of an international support fund for developing countries.

Are developing countries targets of the tobacco industry?

As described by Professor E. Dagli, (Mamara University Hospital, Istanbul, Turkey) many developing countries, which already lack basic human needs such as food and water supplies, have had their plight exacerbated by the aggressive marketing strategies of the tobacco industry. In reviewing the marketing strategies used by the tobacco industry in the past two decades in Turkey, and examining the consequences of such marketing there, she drew lessons for other developing countries that had not yet sustained as severe an invasion by the global tobacco companies. Professor Dagli described tobacco industry tactics in Turkey, including: denial of health evidence; sponsoring of diversionary scientific research; large investments in promotion and advertising; interference with national public health laws; the creation of joint ventures with national monopolies; and persuading the Government of the risks of smuggling.

Tobacco Free Initiative: the Bangladesh perspective

Though written with reference to the Tobacco Free Initiative, not the FCTC *per se*, the paper of Dr K. Rahman, (Counsellor, Permanent Mission of the People's Republic of Bangladesh to the United Nations Office, Geneva, Switzerland) provided insights into the perspectives and problems of tobacco control in Bangladesh.

Particularly for the young, the poor and women, tobacco is an increasing health problem in Bangladesh. Tobacco industry publications refer to Bangladesh with optimism, in large because of its annual cigarette sales growth rate of 6.4%. Moreover, any foreign investment is often viewed as good, even without a cost/benefit analysis. In general terms, these features seem to be common to many developing countries.

Dr Rahman described public awareness campaigns, NGO action, crop diversification, and bringing the religious community into the issue as elements necessary for tobacco control in Bangladesh. In all of these he echoed a view raised frequently in the Vancouver meeting: that WHO and other United Nations agencies should be facilitating these necessary domestic tobacco control efforts.

Dr Rahman proposed a joint study by WHO, the Food and Agriculture Organization of the United Nations (FAO), the United Nations Conference on Trade and Development (UNCTAD) and World Bank on the economic aspects of tobacco growing and the need for assistance to developing countries for a crop diversification programme in order to discourage tobacco cultivation. He also favoured putting gradual restrictions on the advertisement of tobacco in both public and private media as well as increased involvement of the healthcare community in anti-tobacco campaigns.

SESSION 5
THE ROLE OF NGOS IN SUPPORTING FCTC

Though ultimately the prerogative of States, the political process of advancing the FCTC, both internationally and domestically, is likely to involve many actors including, in a central role, NGOs. The diversity, presence and credibility of many NGOs around the world put them in a unique position to help to shape the debate and overcome the inevitable obstacles the tobacco industry and its allies will place before the FCTC.

Mobilizing NGOs behind the FCTC: experiences from infant formula, landmine and environmental codes/conventions

Ms Kathy Mulvey, (Campaign Development INFACT, Boston, USA) described her experiences, and those drawn from colleagues in other organizations, on the involvement of NGOs in the processes leading to the breast-milk substitute, landmine and environmental codes and conventions. In her opinion, NGO involvement resulted in stronger treaties with shorter time

lines. As the participants endorsed strong NGO participation, issues of coordination of that participation, particularly matters of timing and resources, were key. It was emphasized that only NGOs could catalyse and coordinate an NGO network or coalition. The essential independence of NGOs meant that they were less restricted by political feasibility than governments and WHO. That allowed them to set visionary goals, change the public climate, and expand the horizons of what is politically feasible.

NGOs' primary roles, in Ms Mulvey's view, were the establishment of a coalition and communication network, setting a bottom line on expectations and standards, providing technical expertise on issues, monitoring and exposing industry abuses, and in some instances putting direct economic pressure on the industry. There was general agreement that the key relationship between WHO and NGOs centred on information-sharing.

Ms Mulvey pointed out that the framework convention was not just a legal document; it was also a political document. The public climate was what made action politically feasible. In that regard, the NGOs and the media were crucial. The more visionary the goals, the more motivating they were to the public. The mobilization of NGO support for the FCTC had the potential to catalyse the development and negotiation of the FCTC, as had been demonstrated with other recent international instruments.

Finally, the meeting discussed the participation of the tobacco industry in the FCTC process. The majority were strongly of the opinion that the industry and it front groups should not participate in the guise of an NGO, as they would probably already be making their views known through several national governments. To paraphrase one participant, most industries had a reason to cooperate with States seeking to regulate them: the protection of their legitimate operations. The tobacco industry, by comparison, has no reason to assist the public health objectives of the FCTC, as the industry's operations were antithetical to the objectives propelling the convention forward. It was stressed that tobacco industry involvement, direct or indirect, would result in loophole-ridden or pre-emptive laws, which could be worse than no laws.

SESSION 6
OPTIONS FOR THE DEVELOPMENT OF THE FCTC

Though the public health rationale for the FCTC is evident, in the end the concerns and ideas need to come together in a workable legal structure which forms the text of the convention. The following presentations addressed this issue, drawing in part on lessons from prior framework conventions in other fields. They were followed by a joint discussion.

The framework convention/protocol approach: the experience of international environmental regimes

The framework convention/protocol approach was described by Professor Daniel Bodansky (University of Washington, Seattle, USA) as one that proceeds incrementally, beginning with a framework convention that establishes a general system of governance for an issue area, and

then developing more specific commitments and institutional arrangements in protocols. This, approach has had considerable success in the environmental arena. Examples were drawn from numerous environmental agreements, including the United Nations Framework Convention on Climate Change and the Vienna Convention for the Protection of the Ozone Layer.

In Professor Bodansky's view, States tended to be willing to join a framework convention because it did not entail significant substantive commitments. But, once created, the regime could take on a momentum of its own, by providing a forum for discussions, serving as a focal point for international public opinion, creating trust among participants, and building political and scientific consensus.

Elements of a framework convention might include:

- A statement of the convention's overall objective and guiding principles;
- Basic obligations, including commitments to take national measures to address the relevant problem, to exchange information, to cooperate in scientific research, and to submit periodic reports;
- Institutions, including, at a minimum, a regular conference of the parties and a secretariat, and also possibly a scientific advisory body, an implementation body, and a financial mechanism;
- Mechanisms to review implementation, promote compliance, and resolve disputes;
- A law-making process for the adoption of more specific commitments, usually in protocols.

The structure of framework treaties: considerations for an international FCTC

Mr Eric LeGresley described consistencies in structure and approach among existing framework treaties, and explained how these approaches might be translatable to a tobacco context because such treaties usually dealt more with procedural than substantive issues.

He noted that existing framework treaties generally included six major parts, each addressing characteristic concerns:

- A preamble to set the tone, and explain the *raison d'être* of the treaty in a manner designed to make the legal and political case for action, as well as inspire support;
- A section dealing with the core elements and defining broad obligations, many of which are likely to be refined and elaborated upon in subsequent protocols;
- A section defining institutional arrangements which create the necessary infrastructure to enable the framework/protocol system to be implemented and evaluated, and to grow to its full potential;
- A broad grouping of issues concerned with relations with others, dealing with the positive interrelationships the treaty seeks to engender and, through arrangements for the resolution of disputes, the negative relationships that inevitably arise;
- The final provisions, which deal with matters necessary to make the document function legally.

Joint discussion

The discussion dealt primarily with process issues, including the relationship between protocols and the framework convention, the emergence of new protocols as new knowledge or new political support materialized, the relationship of regional treaties to a global one, and the possible location of the secretariat. The political difference between non-binding State support for a World Health Assembly resolution and that same State's binding acceptance of a comparable provision within the FCTC or a protocol was discussed.

A principal concern of many participants was the incorporation of mechanisms to ensure compliance by those regulated and adequate monitoring. The significant input that the public health community could make into some parts of the FCTC (preamble, principles, core elements etc.) and the less substantial input it could contribute to others (institutions, final provisions, etc.) was discussed. The participants endorsed the view that the experience of environmental framework treaties was one - admittedly important - example that should be studied in tobacco control, but that all options and previous experiences should be reviewed. Finally, there was broad agreement that the FCTC needed to begin very strong from a public health standpoint, and at an early stage establish the primacy of basic health principles, which should be adhered to throughout the process.

Towards an Integrated Plan of Action Working Group Outputs

WORKING GROUP 1
ACCELERATING THE WORK OF THE FCTC AND MOBILIZING SUPPORT

Moving the FCTC forward will be a multifaceted effort, involving many different actors. Working Group 1 produced a succinct set of recommendations covering a wide array of desirable steps and approaches.

General

- The Working Group endorsed the FCTC Accelerated Work plan.
- The first priority is political mapping of likely support and opposition to the proposed convention.
- A WHO web site can play a key role in disseminating information and mobilizing support.

Political mapping

- WHO should draw on a wide variety of official and informal sources of information regarding likely support and opposition to the proposed framework convention, including bilateral consultations, intergovernmental meetings, and NGO contacts.
- WHO should send questionnaires to Member States to gather background information on national legislation, and on what international regulatory measures governments would find useful.
- WHO should involve its regional and local representatives closely in the questionnaire process and should use other sources of information to assess questionnaire responses.

Negotiations workshop

- The working group endorses the convening of a negotiations workshop.

- The primary participants in this workshop should be TFI staff, Member States and the WHO legal counsel.
- Participants should include representatives of key allies, a few public health people, and representatives of the United Nations and specialized agencies with extensive negotiations experience (e.g., the International Labour Organization (ILO), the United Nations Environment Programme (UNEP), FAO, and the Office of the United Nations High Commissioner for Human Rights and the World Trade Organization (WTO).

New Delhi meeting

- WHO should identify key developing country NGOs, notify them of the meeting (October 1999, New Delhi, India) and if possible, invite them to participate.
- Government experts should be invited to attend the meeting.

Technical workshops

- WHO should convene technical workshops on specific topics such as trade, finance, advertising, protection of children and women, and indigenous peoples during the pre-negotiation stage.
- Workshops could be sponsored by interested governments.
- Participants should include government experts, representatives of international organizations, and NGOs, and academics

Mobilizing NGO support

- NGOs need to play an important role in development of the FCTC.
- NGOs should include not only those active in tobacco control, but also other groups, including NGOs focusing on women, children, indigenous groups, and so on.
- WHO cannot coordinate these NGOs, but it can facilitate their involvement in the process.
- NGOs should form an international coalition.
- WHO needs to develop a strong statement of the purpose of the FCTC in order to mobilize NGO support (NGOs need something to rally round).

FCTC working groups

- National working groups could play a useful role in mobilizing support.
- WHO lacks the authority to establish such groups.
- WHO regional offices, and regional offices of other organizations, could play an important role in promoting the establishment of national groups.

Draft elements of the convention

- WHO should convene an expert group to develop elements of a draft framework convention, with annotation.
- Draft elements of the convention should be completed in 1999, for consideration by an intergovernmental meeting in 2000.

Fund for developing country participation

- The Executive Board should authorize the establishment of a trust fund to facilitate the participation of developing countries in the preparation of the framework convention.

Intergovernmental meetings

- Intergovernmental meetings should be convened beginning in early 2000, to mobilize support for framework convention negotiations.

WORKING GROUP 2
ADDRESSING THE NEEDS OF DEVELOPING COUNTRIES

The pressing need to consider the circumstances of developing countries was reflected not only in several presentations, but also in Working Group 2, which refined and further elaborated upon the issues raised in these discussions, and others.

- The characteristics of developing countries from the aspect of tobacco control:
  - Position as targets of the tobacco industry;
  - Lack of priority of tobacco as public health demand;
  - Lack of research and data;
  - Deficiency in advocates and in sources of funding;
  - Lack of enforcement capacity;
  - Deficits in education and information;
  - Limited consumer movement;
  - Perceived economic dependence on tobacco production and taxation.

- There are great variations in the strength of response in developing countries to the tobacco threat.
- Obstacles to tobacco control in developing countries:
  - Conflicting interests of ministries;
  - Lack of involvement of health ministries and a weakness of the health sector;
  - Lack of information of parliamentarians and opinion leaders;

- Government-owned tobacco industry;
- Influence of the tobacco industry on political power centres;
- Lack of, or weak, NGO movement;
- Lack of up-to-date local scientific data and research.

- Solutions:
  - Mobilize the support of the media, trade unions and other consumer groups;
  - Improve surveillance and monitoring;
  - Develop data;
  - Provide technical assistance on drafting and implementing legislation, political advocacy, education, surveillance and litigation where appropriate;
  - Create a focal point on tobacco staffed with full-time personnel;
  - Provide technical support for capacity-building and training trainers, and assistance for agriculture;
  - Make tobacco a priority for the government by linking it to other health problems, and build it into the primary care system;
  - Prepare information leaflets for various countries;
  - Ensure full and vigorous participation of developing countries in all stages of the FCTC process, including participation in the New Delhi meeting (October 1999) and involving the WHO regional offices and NGOs;
  - Mobilize support from regional intergovernmental organizations and regional voluntary associations, and encourage support for the FCTC from regional groupings of countries.

- Funding:
  - Adequate funds are required from domestic and international sources to support realization of the FCTC, and to finance the activities of its secretariat;
  - In order to provide sustained funding, an amount equal to at least 1% of tobacco taxes in each country should be allocated to tobacco control, including FCTC activities;
  - Financial and technical support from international agencies should be enlisted;
  - Increased funding for tobacco control and capacity-building should be sought from private entities, including foundations, professional associations, corporations, trade associations, and universities;
  - There should be created within the FCTC a multilateral trust fund to support its realization, along with incentives for implementation of the convention and protocol provisions.

- Recommendations:
  - WHO should establish and implement a plan to ensure the full and vigorous participation of developing countries in the convention /protocol process;
  - WHO, in collaboration with international agencies and NGOs, should develop and implement a plan for technical and financial support to national governments for capacity-building on tobacco control;
  - WHO should solicit funding from all governments, appropriate private agencies and international organizations and provide the establishment, including arrangements within the FCTC, of a multilateral trust fund for achievement of global tobacco control;
  - Sustainable tobacco control in all Member States, which is essential for the FCTC process,

requires a contribution of the equivalent of at least 1% of tobacco taxes to be allocated to domestic and international tobacco control;
- The objective of the FCTC should have a strong public health focus, including reference to the particular problems of developing countries;
- At least three protocols should be submitted simultaneously with the FCTC, to all countries, covering, for example, the control of smuggling, protection of children, and maintaining current low smoking rates among women in many developing countries.

WORKING GROUP 3
THE PUBLIC HEALTH CONTEXT

To ensure that attention to matters of process did not cause the meeting to lose sight of the underlying objectives the FCTC is meant to serve, Working Group 3 endeavoured to clarify and reiterate the essential health issues and implications by proposing a draft preamble and principles, together with recommended protocols and key elements.

Draft preamble and principles

Preamble

1. Whereas tobacco industry products are addictive and are lethal when used as intended;
2. Whereas tobacco products are the cause of unparalleled morbidity and mortality; and recognizing that elimination of tobacco product use could be one of the most important sources of improvement of public health; and
3. Whereas international cooperation could greatly facilitate the ability to reduce tobacco product use and improve public health;

Principles

1. Whereas everyone has the right to be fully informed with respect to the health hazards and health impact of tobacco use;
2. Whereas nonusers of tobacco products are entitled as a basic right to be free from the secondary effects of tobacco use;
3. Whereas it is in the interest of public health to assist those addicted to tobacco products to be free from addiction; and
4. Whereas children have the right to reach the age of responsibility free of an addiction to lethal and addictive products.

Recommended protocols and key elements:

Protect children and adolescents from exposure to and use of tobacco

- Advertising, promotion, Internet, entertainment;
- Access of children and youth;
- Child labour;
- Recreation;
- Information on effectiveness of school programmes and mass media.

Prevent and treat tobacco dependence

- Advertisements, packaging, warnings;
- Cessation: role of health services and health professionals;
- Information on effectiveness of low-cost cessation methods;
- Regulation of nicotine.

Tobacco smuggling

- Licensing of Vendors;
- Linkage to Customs groups and laws;
- Duty-free sales;
- Warnings;
- Pricing / taxation.

Promote healthy tobacco-free environments and economies

- Environmental tobacco smoke (using a human rights approach);
- Agriculture: stop subsidies and use them to fund alternatives;
- Research to support transition to a tobacco-free economy: document the impact on the environment.

Strengthen women's leadership role in tobacco control

- Women of Africa and Asia as desired future role models;
- Advertisements, fashion complicity, entertainment;
- Constituents;
- Research on gender-sensitive interventions: pregnancy, young women, healthy ageing.

Protect vulnerable communities

- Targeted strategies;
- Sharing resources for capacity-building;
- Solidarity with groups;
- Protect socially vulnerable groups.

Final Recommendations from the Meeting

The meeting participants, after extensive discussion and careful deliberation, were able to synthesize their collective views into the following statement.

The role of WHO in promoting a framework convention

1. WHO's Member States have lent their support to drawing up an international treaty to reduce damage to health caused by tobacco products. The World Health Assembly has determined that a framework convention-protocol approach is the most appropriate vehicle to accomplish the task.

2. WHO has clear legal and moral authority to convene working groups to propose key elements of the convention for consideration by Member States, and to take responsibility for supporting long-term implementation.

3. As there is already a broad consensus based on WHO Resolutions calling for a framework convention to limit damage caused by tobacco, WHO should accelerate the work on the first draft of key elements of the convention, and one or more accompanying protocols, according to the accelerated work plan.

4. The WHO Secretariat should report to the Executive Board and World Health Assembly on the progress made on the convention process in 1999. The Board should be asked to authorize the Secretariat to convene an expert group to develop draft elements of the convention.

5. Draft elements of the convention and, if appropriate, relevant protocols should be completed for consideration by intergovernmental meetings in early 2000 and eventual submission to the World Health Assembly in 2000.

Structure and contents of the convention and protocols

6. The convention should consist of the following parts that may be composed of varying elements, depending on the structure of the convention:

- preamble;
- core elements of guiding principles, general objectives and obligations;
- implementation mechanisms, law-making processes;
- institutional elements;
- final provisions.

7. The preamble should include a clear statement of the scale of the tobacco problem from the health point of view and the magnitude of the risks of tobacco use, the role of the global tobacco industry, an explanation of the need for an international instrument, the authority of WHO to facilitate the development of a convention on tobacco control, as well as a renewed commitment to the key elements of a comprehensive tobacco control policy at national and international levels.

8. The guiding principles of the convention should encompass both national and transnational measures, including the following:

- Tobacco is an important contributor to inequity in health in all societies;
- As a result of the unique nature (addiction, health damage) of tobacco products, normal trade practices are not applicable;
- The public has a right to be fully informed about the health consequences of using tobacco products;
- The health sector has a leading responsibility to combat the tobacco epidemic, but success cannot be achieved without the full contribution of all sectors of society.

9. A concise and strong statement on the purpose of the convention is essential to clarify its importance and to mobilize support. The substantive thrust of the convention should be contained in a limited number of general objectives.

10. Proposed general objectives include the following, among others:

- Protecting children and adolescents from exposure to and use of tobacco products and their promotion;
- Preventing and treating tobacco dependence;
- Promoting smoke-free environments;
- Promoting healthy tobacco-free economies, especially stopping smuggling ;
- Strengthening women's leadership role in tobacco control, especially maintaining the low smoking prevalence rates of women in many developing countries;
- Enhancing the capacity of all Member States in tobacco control and improving knowledge and exchange of information at national and international levels;
- Protecting vulnerable communities, including indigenous peoples.

11. The convention should promote sustainable tobacco control by requiring a substantial contribution from tobacco taxes to be allocated to domestic and international tobacco control.

12. Under the convention, parties will be obliged to take appropriate measures to fulfil the general objectives.

13. The convention should provide for convening regular meetings of the parties and emphasize responsibility of the WHO Secretariat for serving as the secretariat for the convention.

14. The convention should address the following issues:

- National reporting on the tobacco situation and tobacco control measures in each country;
- Encouragement of interactions among all parties and non-parties concerned ;
- Definition of the relationship between the Convention and other international instruments.

15. It is important that one or more protocols be adopted concurrently with the framework convention. Depending on the political will of Member States, subject matters of such protocols may include:

- protecting children and youth from tobacco products,
- maintaining the low level of smoking among women in many developing countries;
- controlling smuggling.

Special support for developing countries

16. Some developing countries have shown their capacity to deal with important aspects of the tobacco problem, but the convention must clearly empower them to address the public health disaster in ways most suitable for them. Global trade treaties to protect public health must be used to their full extent.

17. The tobacco economy of the developing countries is changing rapidly in ways that must be carefully monitored. An authoritative study, especially of agricultural aspects, carried out jointly by international bodies is essential. Documenting the impact of the tobacco industry and its products by country will help to develop countermeasures to protect the public's health.

18. Technical assistance on developing current data on the health, economic and environmental impact of tobacco, on education and information, on drafting legislation and regulations, on litigation, where appropriate, and on advocacy and lobbying should be assured.

19. There is a pressing need to secure financial assistance for the developing countries to implement the convention and to build capacity to participate in global and national activities on tobacco control. Therefore, provision should be made in the convention for the establishment of a multilateral trust fund, with contributions from governments, international agencies and private sources.

Promoting adoption of the convention

20. Political mapping should be carried out to identify and inform supporters of the convention among the Member States and nongovernmental organizations. This procedure should ensure that support can be generated in the most efficient way.

21. The WHO Tobacco Free Initiative should convene, at an early date in 1999, an international negotiation workshop to consider legal and strategic issues in relation to the development of the convention.

22. Governments should sponsor technical workshops on topics such as trade, finance, advertising and promotion, and protection of children, women, indigenous peoples, and other vulnerable populations during the pre-negotiation phase. All meetings and workshops related to the convention process should be very focused and outcome-oriented to accelerate the negotiation and adoption process.

23. The WHO Secretariat should ensure, with the support of Member States, regional and country offices, collaborating centres and other actors, the development of publicity and information materials, including a toolkit of information and creation of appropriate Internet sites.

24. Developing countries will require financial and technical assistance to participate in the process of formulating and promulgating the convention. WHO should establish a separate multilateral fund for this purpose. Some countries have already promised new financial support to the process of making the convention.

25. During the process of negotiating the convention, public health goals shall be emphasized.

Annex 1
Conference Participants

Visitors to Meeting

ABLOG-MORRANT Kelly • BC Lung Association
ANDERSON Kimberly • Ministry of Attorney General, Government of British Columbia
BLATHERWICK Dr. John • Vancouver-Richmond Health Board
DAY Linda • Aboriginal Health Association
ETHERIDGE Brian • Ministry of Attorney General, Government of British Columbia

British Columbia Staff
Conference staff

BARTON Simon • Ministry of Health, Government of British Columbia
BERUBE Sylvie • Health Canada
BOS Iris • Ministry of Health, Government of British Columbia
CANITZ Shelley • Director, Tobacco Strategy, Ministry of Health, Government of British Columbia
CARTER Connie • Ministry of Health, Government of British Columbia
EVE Donelda • Manager, Projects and Liaison, Tobacco Strategy, Ministry of Health, Government of British Columbia
EWING Patrick • Ministry of Health, Government of British Columbia
HORN Hannah • Ministry of Health, Government of British Columbia
KEELOR Sean • Ministry of Health, Government of British Columbia
LANGFORD Donna • Ministry of Health, Government of British Columbia
LOEB Megan • Ministry of Health, Government of British Columbia
McCAFFREE Jina • Ministry of Health, Government of British Columbia
MOON Anne • Ministry of Health, Government of British Columbia
NYBERG Del • Ministry of Health, Government of British Columbia
PHILLIPS John • Director, Tobacco Reduction Programs, Ministry of Health, Government of British Columbia
WESTON Dale • Government of British Columbia

Observers

PRIDDY Hon. Penny • Government of British Columbia
PRAZNIK Hon. Darren • Government of Manitoba
BECKETT Regina • Government of Alberta
BERGER Thomas • Berger & Nelson
CALLARD Cynthia • Physicians for a Smoke-Free Canada, Ottawa, Canada
D'CUNHA Colin • Government of Ontario
GILBERT Dr. John • University of British Columbia
GORMAN • Diane, Health Canada, Government of Canada
KROEKER Lori • Government of Manitoba

KELLY Doug • First Nations Summit, Health Committee
LAFFERTY Vicki • Government of the Northwest Territories
LOUGHEED Andrew • Government of Manitoba
MACGREGOR Lesley • Heart and Stroke, Foundation of BC and Yukon
MASSE Richard • Government of Quebec
MEARNS Michael • Aboriginal Health Association of BC
MYERS Elliott • Bull, Housser & Tupper, Vancouver, BC
O'HARA James III • Washington, USA
ROLLINS Darcy • Government of Manitoba
SACHDEVA Mona • Canadian Cancer Society
THOMAS Viola • United Native Nations
WEBSTER Daniel • Bull, Housser & Tupper, Vancouver, BC
UNGURAIN Merv • Government of Nova Scotia

WHO Delegates

BASCH Todd • Boston, USA
DAGLI Elif • Istanbul, TURKEY
DURHAM Gillian • Wellington, NEW ZEALAND
HAGLUND Margaretha • Stockholm, SWEDEN
HIRSH Albert • Paris, FRANCE
LARKIN Michelle • Washington, USA
MAHOOD Garfield • Toronto, CANADA
MOCHIZUKI-KOBAYASHI Yumiko • Tokyo, JAPAN
NATHAN Rosa • Atlanta, USA
PIHA Tapani • Brussels, BELGIUM
RAHMAN Khalil • Geneva, SWITZERLAND
ROGERS Byron • Ottawa, Canada
ROEMER Ruth • Los Angeles, USA
RYAN John • LUXEMBOURG
SALOOJEE Yussif • Johannesburg,SOUTH AFRICA
SLAMA Karen • Paris, FRANCE
RITTHIPKAKDEE Bung On • Bangkok, THAILAND
WISEMAN Gloria • Ottawa, CANADA
VIANNA Cristine • Rio de Janeiro, BRAZIL
WALBURN Roberta • Minnesota, USA
ZATONSKI Witold • Warsaw, POLAND

WHO Staff and WHO Temporary Advisers

BETTCHER Dr Douglas • Geneva, SWITZERLAND
BODANSKY Dan • Seattle, USA
BURCI Gian Luca • Geneva, SWITZERLAND
COLLISHAW Neil • Geneva, SWITZERLAND
JOOSENS Luk • Brussels, BELGIUM
LEGRESLEY Eric • Geneva, SWITZERLAND
MULVEY Kathy • Boston, USA
TAYLOR Allyn • Maryland, USA
YACH Dr Derek • Geneva, SWITZERLAND

Annex 2
Conference Final Programme

Meeting Objectives

The preparation of an Framework Convention on Tobacco Control (FCTC) is a process driven by the need to improve global public health, which also represents the primary theme of this meeting. The main objectives of the meeting are:

- To discuss/recommend how public health might be improved through the development of the FCTC;
- To consider the role of WHO in the development of an international strategy for tobacco control;
- To examine what issues and approaches from a developing country perspective need to be considered in the development of the FCTC;
- To consider the role of NGOs in mobilizing support behind the FCTC;
- To consider possible options for development of the Framework Convention.

Conference Final Programme

Wednesday, 2 December 1998

08h30 - 09h30	Registration
09h30 - 12h15	Morning Session **Part 1** (Open to media)
09h30 - 09h35	Opening and Welcome Moderator: Dr John Blatherwick, Medical Health Officer, Richmond
09h35 - 09h45	Welcome Address: Honorable Penny Priddy, Minister of Health, Government of British Columbia
09h45 - 09h50	Welcome Address: Ms Diane Gorman, Regional Director General West, Health Canada
09h50 - 10h20	**Context and new opportunities** WHO's new Tobacco-Free Initiative (TFI): Presenter: Dr Derek Yach, Project Manager, TFI, World Health Organization Framework Convention on Tobacco Control (FCTC): An Accelerated Work Plan Presenter: Dr Douglas Bettcher, Coordinator WHO FCTC, World Health Organization
10h20 - 10h45	Coffee break

10h45 - 11h00	Group Photograph and Discussion
11h00 – 12h15	**Part 2** (Closed to Media) **Improving Public Health Through the FCTC** Presenter: Mr Luk Joossens Moderator: Dr Gillian Durham
12h15-14h30	Lunch sponsored by Bull, Housser and Tupper Lunch Session: Address by British Columbia's legal team (discussion to follow) Moderator: Ms Roberta Walburn Audience: WHO delegation and observers (Closed to the media)
14h30 – 17h30	Afternoon Session
14h30 - 15h45	**The Role of WHO in Development of an International Strategy for Tobacco Control** Presenter: Professor Allyn Taylor Moderator: Ms Rose Nathan
15h45 - 16h15	Coffee Break
16h15 - 17h30	**Mobilizing NGOS behind the FCTC: experiences from infant formulae, landmines, and environmental codes/conventions** Presenter: Ms Kathy Mulvey Moderator/discussant: Ms Karen Slama
18h30 17h00 21h00	Board buses outside hotel – drive to Salmon House Dinner – Salmon House, West Vancouver Dinner hosted by the Ministry of Health, British Columbia Board buses – drive back to hotel

09h30 – 12h30	Morning Session
09h30 - 10h30	**Panel Presentation:** Framework Convention/Protocol Approach: Experience of Environmental Regimes Presenter: Professor Daniel Bodansky The Structure of Framework Treaties: Considerations for an International Framework Convention on Tobacco Control Presenter: Mr Eric LeGresley Moderator/discussant: Mr John Ryan
10h30 - 11h00	Coffee Break
11h00 - 12h15	**Discussion** Moderator: Mr John Ryan

12h30 - 14h30	Lunch hosted by the British Columbia Ministry of Health **Indigenous Tobacco Use** Speaker: Dr Jeff Reading Moderator: Dr Gillian Durham
14h30 - 17h30	Afternoon Session
14h30 - 15h45	**Issues and approaches from a developing country perspective** Presenter: Professor Elif Dagli and Dr Khalil Rahman Moderator/discussant: Dr Yussef Saloojee
15h45 - 1630	Coffee Break
16h30 - 17h30	**FCTC Working groups** Introduction to Working Group Sessions (16h00-16h15) **Working Group 1: Accelerating FCTC work and mobilizing Support** (facilitator: Professor Daniel Bodansky) Objective:To propose essential roles of WHO Headquarters and regional offices, Member States, regional/international intergovernmental organizations, non-governmental organizations, and the media in the development of the FCTC. **Working Group 2: Addressing the needs of developing countries** (facilitator: Professor Elif Dagli) Objective:To define issues from a developing country perspective, and to consider mechanisms to facilitate the active involvement of developing countries in the pre-negotiation and negotiation phases of the FCTC process. **Working Group 3: The public health context** (facilitator: Ms Margaretha Haglund) Objective: To identify the key public health issues which should be addressed in the FCTC.
18h30	Board buses outside hotel – drive to University of British Columbia Woodward IRC, Lecture Hall 6 2194 Health Sciences Mall
19h00 – 20h30	**Panel Discussion on issues regarding advertising and promotion** University of British Columbia Panellists: Mr Luk Joossens, Ms Kathy Mulvey, Mr Richard Pollay Moderator: Dr Derek Yach Audience: WHO delegation, observers, invited guests from British Columbia NGOs and the academic community (Open to media coverage and public)
20h30-21h30	Private Reception Cecil Green Park, UBC WHO delegates/observers
21h45	Board buses – drive back to hotel

Friday, 4 December 1998

09h00 - 16h00	Morning Session
09h00 - 10h30	**Working Group 1: Accelerating FCTC work and mobilizing support** **Working Group 2: Addressing the needs of developing countries** **Working Group 3: The public health context**
10h30 - 10h45	Coffee Break
10h45 - 12h00	**Working Groups (Report Back to Plenary)**
Noon	**Media session** Professor Allyn Taylor, Dr Derek Yach, Dr Douglas Bettcher
12h00 - 14h00	Lunch
14h00 – 15h00	Afternoon Session
14h00 - 16h00	**Synthesis and Discussion of Recommendations** Facilitators: Dr Tapani Piha, Professor Ruth Roemer
	Meeting Closing

ANNEX 3
Conference Background Documents

Bettcher DW. *WHO framework convention on tobacco control (FCTC).*

Bodansky D. *The framework convention/protocol approach: The experience of international environmental regimes.*

INFACT. *Mobilizaing NGOs and the Media Behind the International Framework Convention on Tobacco Control.*

Joossens L. *Improving public health through an international framework convention for tobacco control.*

LeGresley E. *The Structure of framework treaties: Considerations for an international framework convention for tobacco control.*

Taylor AL, Bodansky D. *The development of the WHO framework convention on tobacco control: legal and policy considerations.*

Yach D. *The tobacco free initiative: Moving from national to global action.*

Framework Convention on Tobacco Control

The Tobacco Free Initiative is a new WHO cabinet project created with the express aim of focusing international attention and resources on the global tobacco epidemic - the cause of a vast and entirely avoidable burden of disease.

QP# 4500020233